

**“THE WALLS WERE CLOSING IN, AND  
WE WERE TRAPPED”**  
*A Qualitative Analysis of  
Street Youth Suicide*

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*Semistructured interviews focusing on suicide were conducted with 80 street youth in agencies and on the streets of Toronto, Ontario, Canada, and Vancouver, British Columbia, Canada. Participants described their understandings of the phenomenon of suicide among street youth and the meanings suicide held for them. Qualitative analysis of the interviews revealed themes of worthlessness, loneliness, hopelessness, and most centrally the feeling of being “trapped” as forming the construct of suicide held by the participants. These idioms of distress were situated within the context of a street life that included social stigma and drug abuse.*

**Keywords:** *street/homeless youth; suicide; qualitative*

## BACKGROUND

The majority of street youth trade difficult lives at home for difficult lives on the street. Most come from disrupted and dysfunctional families in which poverty, divorce, domestic violence, parental drug abuse, and criminality is commonplace (Buckner & Bassuk, 1997; Hagan & McCarthy, 1997; MacLean, Embry, & Cauce, 1999;

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Ringwalt, Greene, & Robertson, 1998). Extremely high rates of physical, sexual, emotional abuse and neglect are found among street youth (MacLean et al., 1999; Molnar, Shade, Kral, Booth, & Watters, 1998; Ringwalt et al., 1998), and for most, running away (or being thrown out) is an escape from such environments.

When on the street, these youth regularly lack shelter and do not obtain adequate amounts of food (McCarthy & Hagan, 1992). In their struggle to survive, they attempt to find work, seek money from family/friends, panhandle, enter the sex trade or engage in survival sex (sex for food, shelter, etc.), deal drugs, and steal (Greene, Ennett, & Ringwalt, 1999; Hagan & McCarthy, 1997). The difficulty of surviving is compounded by the danger of sexual and physical assaults that occur frequently in the street environment (Terrell, 1997; Whitbeck, Hoyt, & Ackley, 1997). Street youth are at risk for a broad spectrum of health problems, including poor nutrition (Antoniades & Tarasuk, 1998), a high occurrence of HIV infection (Booth, Zhang, & Kwiatkowski, 1999) drug addiction (Greene & Ringwalt, 1996; McCarthy & Hagan, 1992), and mortality rates have been found to be 12 to 40 times that of the general population (Roy, Boivin, Haley, & Lemire, 1998; Shaw & Dorling, 1998). Related to the extremely negative backgrounds common to many street youth, and the subsequent stressors they face on the street, is a high incidence of mental disorders (Buckner & Bassuk, 1997; Whitbeck, Hoyt, & Bao, 2000). Depression appears most frequently (MacLean et al., 1999; Rotheram-Borus, 1993; Whitbeck, Hoyt, & Yoder, 1999) followed by conduct disorder (Buckner & Bassuk, 1997), trauma and post-traumatic stress disorder (Feitel, Margetson, Chamas, & Lipman, 1992), and psychotic symptoms (Mundy, Robertson, Robertson, & Greenblatt, 1990).

Given the number of youth who report dysfunctional and abusive family histories, and the subsequent problems they have in coping with the street environment, it is not surprising that high rates of suicidality have been found. Most studies have focused on suicide attempt rates, which are typically in the 20% to 40% range (Feitel et al., 1992; Greene & Ringwalt, 1996; McCarthy & Hagan, 1992; Molnar et al., 1998; Ringwalt et al., 1998; Rotheram-Borus, 1993; Stiffman, 1989; Yoder, 1999). Suicide attempt history has been strongly correlated with abuse in childhood (Molnar et al., 1998; Yoder, 1999), drug abuse (Greene & Ringwalt, 1996; Stiffman, 1989), poor self-esteem

(Smart & Walsh, 1993) and depression (Yoder, 1999). Only Hwang (1999) examined completed suicide rates, finding that homeless men aged 18 to 24 years had completed suicide at a rate that is 10 times that of the national average.

### CULTURAL ASPECTS OF STREET YOUTH SUICIDE AND RATIONALE FOR THIS STUDY

There is a limitation in much of the research conducted up to this point on street youth suicide, which has employed closed-ended confirmatory designs that utilized measures derived from normative populations. Street youth are positioned in what Rosaldo (1989) referred to as the "borderlands" of mainstream culture. The notion that subcultures are largely homogenous and separate from mainstream culture has been strongly criticized by recent theorists (Muggleton, 2000; Peace, Beaman, & Sneddon, 2000). Street youth would, however, fit within a postmodernist understanding of subculture as a heterogeneous group and having ill-defined boundaries in relation to mainstream culture (Muggleton, 2000).

Suicide is basically an idea that is provided to us, via culture, as a possible solution to the problem of emotional (and/or physical) suffering (Kral, 1998). Cultural models/schemas such as "suicide in response to distress" develop and change in reaction to accumulated and current experience (Shore, 1996; Strauss & Quinn, 1997). Thus, for street youth, whose life experiences are in many ways very different from mainstream society, their model or models for suicide may likewise be very different. Measures developed within mainstream society, and predictions made by researchers whose perspective is that of mainstream society, could result in important information being overlooked.

The problem as described above is compounded in much of the research into street youth suicide because of narrowly operationalized independent and dependent variables. Having the primary dependent variable as a single dichotomous question regarding a history of having made a suicide attempt, with no indication of intent, is a major threat to validity (Linehan, 2000). *Suicide attempt* could have many meanings and only becomes more ambiguous among different cul-

tural groups. This pattern of using single dichotomous responses has also been used in measures of independent variables such as sexual and physical abuse, and drug abuse. Generally such models suggest billiard-ball interactions, often inferring the presence of unidirectional, isolated, and linear processes of causation. Research employing these strategies is often limited when situated in the culture of origin let alone when applied to groups for which cultural influence is less clear.

At this point in the development of an understanding of street youth suicide, conditions exist in which an exploratory qualitative approach may be used to its best advantage. An examination of the experiences, narratives, and contexts of these youth could potentially generate material overlooked through closed-ended approaches and bring the voices of these youth into the research. This would hopefully aid in developing the larger goal of trying to reduce the amount of suffering and number of deaths that are inherent to the risky lifestyles of most of these young people. To this end, semistructured interviews focused on the topic of suicide have been conducted with 80 street youth in agencies and on the streets of Toronto, Ontario, Canada, and Vancouver, British Columbia, Canada. A qualitative content analysis procedure was used to illuminate themes and factors that were central to these youths' understandings of suicide.

## METHOD

### PARTICIPANTS AND INTERVIEWS

Eighty street youth participated in the current study who were 24 years of age or younger. Forty participants were contacted in each of the cities of Toronto and Vancouver (chosen because of their large homeless populations), with interview sites being equally divided between the streets and outreach agencies. These agencies are broadly focused, providing a wide range of services such as counseling, legal advice, laundry, and food. Interviews were conducted individually, and participants were reimbursed with CAN\$5 worth of food coupons for their time. A large part of the interactions with these youth involved trying to build rapport. Many street youth have had very nega-

tive experiences with societal institutions and older individuals ostensibly concerned with their well-being. As such, developing a degree of trust was vital, especially in the context of interviews on personal topics such as experiences with suicide. There were several points that had to be addressed in the development of a co-operative research relationship. First, the goals and methods of the study were framed in terms of advocacy and the need to generate material that could help people working with street youth. My position was negotiated mutually as a go-between with mainstream society: letting people “out there” know the issues and difficulties street youth face. Second, the interview was conducted in a way that respected their privacy and placed a large part of the control of the interview in their hands. I introduced general topics and explored the material generated by the participants rather than directly questioning them about personal experiences. Third, over the course of several weeks of conducting interviews, I came to be known and “vouched for” in the street community. A degree of trust and openness resulted from a friend of the interviewee having told them that the interview had been a positive and useful experience.

Interviews lasted from 30 to 90 min and, with the exception of gathering demographic information, took the form of my introducing topics and exploring the material they generated in a conversational manner. The progression of the interviews was as follows: (a) demographic questions; (b) inquiry regarding street experiences: “Could you tell me about your life on the street, maybe starting with your life at home and how you came to leave it?” and (c) Suicide experiences and understandings: “If it is alright, we could talk about suicide now. You can tell me about a person you know who has attempted suicide, ideas you have about suicide, and if you want you can tell me about your own experiences with suicide.” At the end of the interviews, their feedback was sought regarding the interview format and the research goals.

#### DATA ANALYSIS

Analysis of transcripts was aided by the NVivo 1.0 computer program, and the rigorous content analysis procedure that is a part of grounded theory methodology was used. The first part of the proce-

procedure is known as open or substantive coding. This coding involves the analyst generating a set of categories based on the content of the interviews. Interview transcripts are broken down into “meaning units” that could range from a few words to several sentences that convey a particular meaning. For example, a participant’s statement “Down here it is basically a downward spiral” would be considered a meaning unit. In this coding procedure, similar meaning units are extracted and placed together to form categories. It is referred to as open coding because a new category is created for every meaning unit that does not fit a previously created category. As open coding progresses, there is a movement toward developing a conceptual organization of the categories. This might involve creating hierarchies of categories or placing categories together that relate to one another in a conceptual rather than content-based manner. This is referred to as theoretical coding. Verification occurs throughout the analysis procedure. Categories and thoughts about their conceptual relationships are continuously brought back to the data for verification and further development. For a more detailed description of the coding procedure used, please see Glaser (1978) and Rennie, Phillips, and Quartaro (1988).

Numerous steps were taken to support the validity of the analysis (see Maxwell, 1998). First, during the analysis an effort was made to locate discrepant information that was different from or challenged conclusions. Second, the presentation of the data was kept close to that of the presentation of the participants themselves, thus reducing the amount of inference/interpretation on the part of the researcher. Third, feedback regarding the results was obtained from as many of the original participants as possible after the analysis was completed to help verify the theme structure. Fourth, the presentation of the data was detailed and complete, allowing the reader to view directly the evidence that supports statements made. Finally, quasi-statistics were used to develop a picture of the analysis. This involved the use of descriptive statistics: how often a category, theme, or type of participant was present in the analysis.

#### RESEARCHER STANCE

Although extensive efforts were made to reduce bias and reactivity as described above, the current study, from interview and analysis to

presentation, has undoubtedly been affected by my worldview. I am a heterosexual White male psychology graduate student in my late 20s. My background was relatively functional, middle-class, and fairly typical of suburban North America. Conducting these interviews for my dissertation, and those that preceded them for my master's profoundly challenged many of my biases and stereotypes. As I interacted with the people who bear labels such as addict and prostitute, I began to realize the vast extent of the social problem that has put these young people on the streets. My viewpoint became much more focused on advocacy. Overall, I thoroughly enjoyed talking with the participants, and this work has become much more than just a research project. It has become the fulfillment of a promise that I made to these young people that their voices would be heard.

## RESULTS

### PARTICIPANT DEMOGRAPHICS

Of the 80 participants, 49 were young men and 31 were young women. This ratio is consistent with the proportions of young men and young women I observed in the agencies and on the streets. The age range was 15 to 24 years with a mean of 19.8, and the mean level of education was 9.9 years. Of the 40 interviews done in Toronto, 19 were conducted in the agency and 21 on the street. In Vancouver, 20 interviews were conducted on the street and 20 in the agency. Of the participants, 85% were White and 9% were Native Canadian, with the remaining ethnicities varied. Of the participants, 73% reported living on the street at the time of the interviews, 9% reported living in apartments, 8% in hotels, and 6% in shelters. Of the participants, 53% reported that their primary source of income was panhandling, 16% reported a combination of panhandling and squeegeeing (washing car windows for money), and 4% reported earning money through prostitution. Social assistance, street youth employment programs, and part-time work were each reported as primary sources of income by 6% of the participants. Dealing drugs and other vaguely described criminal activities formed the remaining 9%. This group could be described as "visible" street youth: Sitting alone or in small groups in the

doorways of vacant stores and on the sidewalks, they asked pedestrians for spare change. The level of group affiliation appeared to be low because 78% did not identify themselves with any particular group (13% identified as punk; the remainder varied). There did not appear to be substantial differences in the demographics or experiences of the participants as a function of interview location.

A total of 37 (46%) of participants reported having attempted suicide at least once. Separated for gender, 58% of young women reported having attempted suicide as compared to 39% of young men. Of the 37 participants who stated that they had attempted suicide, 23 reported having made more than one attempt. The three primary methods of attempt described were cutting of wrists or arms with a sharp object, overdosing on drugs, and hanging.

#### THE CENTRAL THEMES

Feeling/being trapped, worthless, lonely, and hopeless emerged as most central in the participants' descriptions of their experiences with and understandings of suicide and cut across most of the other categories. These central themes often emerged in what I came to view as key moments in the interview. After having described numerous negative situations in their (and others') lives, many came to a moment of summing up their experience. These summed-up portions of narratives, in which the central themes were most explicitly embedded, seemed to represent the core of the meanings that the participants associated with suicide. Arising in the context of suicide narratives, these themes appear to form a kind of experiential lens through which many of these youth think about their pasts at home and on the street, understand their current circumstances, and understand themselves. For example, thinking about being addicted to drugs and identifying herself as a drug addict is a process that makes the youth feel trapped and worthless that, in turn, results in her considering suicide as a way to end those painful feelings. I present the central themes first, followed by the narratives/experiences in which those themes are embedded (e.g., memories of abuse, stigmatization). By presenting the findings in this way I hope to situate the reader within the perspective of the suicidal youth who, through the central themes, thinks about her past and present struggles.

*"It's a trap."* The theme that emerged most centrally and pervasively in the narratives about suicide was feeling/being trapped, with *feeling* and *being* used interchangeably. Being trapped meant being unable to reduce negative feelings and unable to escape intolerable situations. Suicide was the escape from being "stuck," "in a rut," from the trap. This understanding of feeling trapped as being central to suicide was directly addressed by 27 participants and underlies many other categories and themes. Being trapped and becoming suicidal was described as a process. Young people would escape/be lured to the streets and gradually get drawn into a position that is physically and emotionally painful and distressing, so much so that they felt that there was no way out except death. Major elements thought by the participants to produce a trapping effect or to keep them in a rut were drug addiction, a lack of social/government resources, societal prejudice/oppression, and a social context on the street that is not supportive of getting out of the trap. Thus, trapped appeared to be a feeling and a situation and was combined with the belief that they lacked the ability/efficacy to remove themselves from the situation. Feelings, stemming from and coexisting with feeling trapped, were loneliness, worthlessness, and hopelessness.

Responding to the question about what should be done to reduce street suicide rates,

I just think basically . . . kids should really take a second, a third, a fourth look at their lifestyle, and their families before they make the decision. The rebellious decision to say, "I'm going to go be cool and live on the street." There are people down here who . . . this is what they have to be. There are girls whose fathers raped them or kids whose parents beat them. They have nowhere else to go. In that situation, it might not be the best situation, but they get out of that situation. Down here it is basically just a downward spiral. Once you are into crack, you are into it and down into Hastings [area in which heroin use and prostitution are prevalent] and once you are down there it is all over. You are a hopeless case, and nobody can help you because you don't have the frame of mind to know you need help. (Man, 21)

We smoked crack a couple of times and stuff . . . and all of a sudden we were in that same stairwell, and the walls were closing in, and we were trapped, and that stairwell felt like a trap, man. You smoke up, you fall asleep, you go out on the street to make money, to the dealer to the

street to the dealer to the street. With coke, it's a trap, after a while . . . like I said that night we smoked and I joned [drug withdrawal] for a bit, but with opiates it's a physical thing, you can't just quit. That is what gets me thinking about suicide. Half the time there was so much shit happening. I was just thinking it is just a trap, no matter what I do I always end up back on drugs. Back on the street. Dumped again. Just go in circles, it doesn't matter how many steps forward you go, you end up taking more steps backwards. (Young woman, 17)

*"Nothing is ever going to get better."* Hopelessness, explicitly related to suicide by nine participants, was a category that overlapped most strongly with the perception of being trapped. It was described as facing the defeating thought that they would be stuck in a painful situation forever. It may be questionable whether hopelessness should be a category separate from trapped. It was, however, separately described by several participants.

[Re: suicide]: You get feeling stuck, like kind of hopeless. I think a lot of people become hopeless and think about it. Especially young people. (Woman, 18)

Suicide on the streets is . . . the last way out basically. I've thought of suicide but I haven't actually tried it while I was on the streets but that was my own reasons . . . the only way out. There is nowhere left to turn. You don't have foster care. You don't have the government to turn to. You can't turn back to your parents. You don't have anyone to turn to. And basically . . . after a while of living on the streets your dreams begin to fade, and you can't see yourself . . . like when you are younger you can actually visualize yourself doing all this stuff 30 years from now but when you are on the streets for a while you begin to lose that. You can't visualize yourself any further than a day or two away. That's usually where the drugs come in, and the suicide usually comes after the drugs because they have found that they are hopeless and have nowhere left to go. And then when they are on the drugs they realize "I am still wandering around in a circle but now I am addicted to drugs so I can't get off." That is usually when it happens. (Man, 18)

*"I am worthless. Why should I live?"* Nineteen participants described feeling worthlessness as central to their understanding of suicide. The feeling of worthlessness primarily centered around two ma-

jour elements: First, it was linked to the perception that people around them looked down on them and thought they were worthless “street trash,” and/or the idea that nobody cared about them. Second, was their own belief that their identity as a street youth, drug addict, or prostitute was one of no worth. This negative self-perception was compounded by the thought of being stuck (trapped) with that identity with little hope of being something else.

Sometimes a person goes out and commits suicide because they don't feel like they are wanted. That is why a lot of people do suicide, they don't feel wanted, they don't feel like people . . . like people look at them and like “You know you are no good, you should go and get a job, make something of yourself.” People came up to me lots of times, “You know, you should get off the streets; you are a piece of shit or you are scum.” I heard a lot of people say, “Don't give money to them, he is only a druggie, he's scum, he's not worth it.” (Man, 20)

[Response to a question about suicide]: They get addicted, and then they sell everything they own, and then they become criminals, and then they realize “hey, I'm a fucking bum and addicted to drugs,” and it gets them down. (Man, 22)

Because when I was working [prostitution] I was always just thinking “Well fuck I'm not worth it. I'm not worth anything. If they are just going to give me like 20s and 40s then what the hell. There's no reason to live. At that point, you are just so far gone it's just like it doesn't matter; death could take me any day. (Woman, 20)

*“Just feel totally alone.”* Feeling alone was central to the suicide narratives of 20 participants. The thought, “Nobody cares about me,” was described as very painful. This was linked with a perception of the self as worthless. The reasoning was that if nobody cares about me, then I am not worth caring for. This also led into the thought, “Why care about myself?” and a giving up of the struggle to get off drugs and off the street. Also integral to feelings of loneliness was the perception that no one was there to help them. This was described as especially true in the context of the street in which friendships can often be superficial. Compounding the problem was the extreme difficulty of getting out of the trap without a positive support system.

I've tried to commit suicide numerous times. Just from living on the streets and not having anybody there to help me out or care for me. I've got scars up and down my arms from it . . . that's why I wear long sleeve shirts now. I don't know . . . I tried to hang myself from a bridge. Didn't work very well though . . . rope broke. (Young Woman, 16)

[at the time of suicide attempt]: Well, I had no place to go. Like, nobody . . . my parents didn't know where I was. I had boyfriends coming in and out of my life. Just people . . . I don't know . . . I felt totally alone. (Woman, 18)

#### NARRATIVES LEADING INTO THE THEMES

Presented in the following sections are the various narratives through which the above themes ran. These can likely be regarded as the situations and understandings that lead the youth to have the painful feelings described above that brings suicide to mind as a solution. The central themes did not run through these categories in all instances, with some youth directly linking the categories with suicidality.

*"I am suicidal because of the background of my life."* Problematic childhoods were discussed in the context of suicide by seven participants. These traumatic experiences included childhood abuse, neglect, and the deaths, violent and otherwise, of family and friends. They spoke of how these experiences led to suicidality at the time that the abuse occurred, and how memories of this abuse and trauma made them suicidal currently. In many of these narratives, they did not speak explicitly of how these experiences affected them emotionally. During the interviews, however, the telling of these horrific experiences constituted some of the most emotionally charged moments of the current study.

[Response to recent suicide attempt]: Pretty much it was just life experience, like being raped twice before the age of 7. Being neglected my whole life, you know, being abandoned, just a lot of things. The first time I tried to commit suicide I was young. I've had a really rough life, lots of physical abuse, verbal abuse, sexual abuse, everything. I was really young, I've tried suicide quite a bit, but each time it didn't work out. (Man, 20)

I attempted suicide . . . when my mom got me raped. She tried to prostitute me out. She got me all drugged out, and then I cried on his lap, I was scared, I could not see anything. My mom wanted to use me for money. She did it when I was pretty young. I was abducted for like 10 days, not eating, tied up. That's pretty shitty. Sometimes I feel like crying, but sometimes I can't. Cause when I feel like crying I don't understand why my mom would do this. A real mother wouldn't do this. (Woman, 19)

The experience of the death and loss of loved ones was brought up by nine participants in relation to their understanding of why they had been and were suicidal. These losses were spoken of as having an even greater impact on their lives where family is often nonexistent and social support is very limited.

I didn't want to live. When I was younger my brother . . . he got raped and murdered. And, to this day I am having dreams over him. Every time I wake up I am covered in sweat. I don't want to live. I mean, I just don't want to do anything. I don't want a job. I don't want to live. I don't want to talk to nobody. (Man, 21)

*The toboggan: Drugs as escape and trap.* As the reader has likely gathered from previous sections, drug use arose as an important part of the participants' understandings of suicide. Drug addiction was linked to suicide by 53 participants. Drugs were linked with the worthlessness of having the identity of an addict, and addiction was linked strongly to the construct of being trapped, having no hope, and giving up. Furthermore, in the social milieu of heavy drug use, friendships are described as superficial, and participants described losing friends, family, and partners as they became addicted and, in some cases, died. Drug use was deeply embedded in almost all aspects of the narratives, serving as a coping mechanism, causing physical addiction, and affecting the social environment.

Addiction was described as being a dangerous element in a cumulative process leading to greater and greater physical and emotional pain and eventually to suicide. For example, a person feeling worthless and hopeless who has a physical addiction, and whose social environment is pervaded with drug use will have a strong pull to use drugs to cope, ease physical suffering, and conform with friends. After the

momentary relief, the person feels more trapped, more hopeless, and more addicted. This is the “toboggan slide.”

Family, friends, were passing away and . . . so . . . I started using. So I got on crack, speed and cocaine . . . and here I am now. I’ve just . . . I am trying to stay off of crack . . . and they wake me trying to give me a toke. And the jones thing. You get nightmares because of crack cocaine. And I get a lot of those. And it is like coke and booze, I had a boyfriend, engaged then we broke up, and after that, I just couldn’t hack it. We went through a lot of shit . . . so after that, and with the crack I was like “I am out of here.” I couldn’t even look at myself in the mirror . . . it was horrible. And trying to hide that, pretend like everything is fine and act like nothing ever happened. So it doesn’t work out too well. (Woman, 18)

I hear about people overdosing on purpose because they just finally get disgusted with themselves for what they are doing. So what better way to get rid of myself than how I put myself here. Cause sometimes it is just peaceful. Dying from a heroin overdose . . . you can just lay there and just fade away. Just pass right out and you are dead. (Young Man, 17)

Suicide is like another crack thing. There is this thing called the crash . . . at the end of every night when you are done smoking crack, and there is no more, and there is no more money to be got unless you go out and rob somebody which I don’t do. So you lay down, and you rethink everything. And you get really depressed, but sometimes I want to end it but I wouldn’t do it myself. I don’t have the jam to. . . I think about what the fuck I am doing. Like I am almost 20 years old, I’m smoking crack, I got a grade 10 education, I am squeegeeing. . . I got a lot of shit on my mind all the time, I am trying to make my mom happy, trying to make myself happy. But I don’t know what makes me happy at the time because the drugs fucking cloud everything up. (Man, 20)

*“Get a job you worthless piece of shit!”* The category of stigma emerged from the suicide narratives of 35 participants. Within this category was described a range of socially oppressive and discriminatory actions taken by “them.” “Them” are the general public, mainstream society, and their representatives in government and public organizations. Participants spoke of the cruel comments, assaults, as well as general disdain and disgust they experienced at the hands of the public. They described the painful experience of being stereo-

typed by a public that does not see them as individuals who are struggling, who have knowledge and talent to offer, some of whom have pasts so abusive that it is a major achievement that they are still alive. This constant exposure to severe social oppression was described as a defeating process.

[describing events that led up to a suicide attempt]: Just pressure. People came up to me lots of times, "You know, you should get off the streets you are a piece of shit" or "You are scum." I heard a lot of people say "Don't give money to them; he is only a druggie; he's scum; he's not worth it." Which is wrong, because, we used to do drugs but we quit them, trying to make a life. Other people out there don't understand exactly how hard it is on the street. They've never been on the street; they don't know how cold it is. They don't know how scared you are a lot. A lot of times you are scared at night you get stabbed. (Man, 19)

With certain people, they go through life living on the street. They get so much disrespect from people going by them and going like "Why don't you get a fucking job" and all that shit right. And they are going "How am I supposed to get a job without an education? How am I supposed to get a job when people look at me and shoo me away." There are so many reasons that people are on the streets. And there are so many people that just won't give us a break. Some kids take it directly to heart. They start getting so depressed because of all the bullshit they hear from people walking by them. Telling them to go get a job or telling them, "Get the fuck out of here, you don't belong here." They get so depressed that they think their life isn't worth it. (Woman, 20)

*"I didn't really care anymore."* The participants' descriptions of their experiences with suicide are presented in the following sections. These were framed in the narratives as the outcome of feeling trapped, alone, worthless, and hopeless. Thirty-three youth described "giving up" as synonymous with suicide. This group of meanings included not caring about themselves anymore, not wanting to try anymore, and feeling that they cannot handle their problems. There are several ways of living on the street that are extremely dangerous (e.g., addicted to heroin) and giving in to the pressure to live in such a way is tantamount to suicide. In this context, hard drug use was described as a way of slowly committing suicide. In line with giving up, the person stops caring about herself and lets the drugs and the lifestyle kill her. Thus,

drugs not only pull people down and make their situation worse but can also serve as the means by which they take their lives.

I started out around 11 . . . between 10 and 14 getting involved in solvents, and I was depressed and other things like that. Glue and gas and stuff. I didn't really care anymore . . . it was just I was depressed about my situation. I started doing stuff like that. I call that kind of suicide. I was doing the gas and that was kind of killing me slowly and like I just got to the point where I didn't care. . . . I had my reasons for why I was suicidal and why I thought about it. With people on the reserve I know it is family violence and alcohol. You are born into it so therefore you are stuck with it. There is not much you can do. (Man, 19)

With opiates it's a physical thing, you can't just quit. Once you get on it . . . My friend went through 3½ weeks withdrawal, it's just horrible. You just shake, you feel you . . . it's hard to describe, it feels like you are getting the shit beat out of you. You can't eat, you can't sleep, you can't sit still. That is the worst part is that you can't get comfortable. It feels like things going up your spine . . . your ribs hurt, it hurts to breathe. Your willpower just breaks down and you feel you can't deal with it. I just felt like committing suicide again. Sick of life, I felt like there was no way out of that stairwell, and the drugs. No matter what I do I always end up back on drugs, back on the street, dumped again. (Young Woman, 17)

For junkies, being homeless and with suicide, they are doing suicide every day, it is just a matter of how soon they are going to die, for some of them. Killing yourself slowly can even take years. (Man, 19)

Twenty-three participants spoke about their reactions to losing someone close to suicide. It was in the context of this discussion that many of the participants who did not have personal experience with suicide communicated their ideas. This was an obviously painful area in the interviews, leaving those affected feeling loss, anger, and wondering why the persons killed themselves. Four of these were described as being extremely traumatic, leading them to make suicide attempts.

I had a friend of mine who committed suicide right in front of me. And it totally scared me. . . . I still have dreams over it. I came home one day, and he was in the bathtub. He took a razor blade, and he jig-jagged all

the way across his neck. It was in one of those old fashioned tubs. His head tilted back, and his adam's apple had fallen out. And after that it was like 6 months later, I was just walking around, and I tripped, and I saw my own blood. And I went "Oh that's nothing." And after, something clicked in my head. And I really wanted to see more. I wanted to really hurt myself because I saw my friend. . . . I had a vision of my friend, of what he did. And I didn't want to live. (Man, 21)

## DISCUSSION

### SUMMARY

The current study presents the results of a qualitative analysis of semistructured interviews on the topic of suicide conducted with 80 street youth on the streets and in agencies in Toronto, Ontario, and Vancouver, British Columbia, Canada. The narratives of these participants suggest that their emotional experiences linked to suicide are feelings of worthlessness, loneliness, hopelessness, and most centrally, feeling/being trapped. Feeling trapped refers to the individual's entire experience: They described feeling trapped in their environment and trapped in their negative understandings of themselves and their world. Feeding into these negative feelings are memories of troubled and abusive pasts, experiences of social stigma and oppression, and negative experiences, social and otherwise, on the streets. Suicide and self-destructive behaviors are particularly salient for street youth whose opportunities are limited by society at all levels, individual and institutional, and through limited interpersonal resources: little if any family support, dysfunctional relationships. Hard drugs and the self-destructive lifestyle related to their use are readily available if not encouraged on the streets. Relief, for a suicidal street youth, is then sought through a range of self-destructive activities, such as hard drug use, engaging in risky activities, and suicidal behavior ranging in lethality. In addition, suicidality on the street can be manifested in a passive "giving up." Giving up can be a very self-destructive action in a dangerous environment in which one must struggle to survive. The last point is the toboggan ride nature of this process. Participants described it as catalytic or exponential. Because each of the destructive

and distressing elements is interconnected, as more of these elements are engaged with greater intensity, the distress is greatly increased. As the distress level grows so, does the need to escape it.

#### **THE CENTRAL THEMES: TRAPPED, HOPELESS, WORTHLESS, AND ALONE**

Being and/or feeling trapped emerged as most central to the participants' understanding of why they and others attempt/attempted suicide. Trapped could potentially be interpreted as helplessness. The only place where such a construct can be found in the existing literature on street youth suicide is in a single or small number of dichotomous items that are a part of a general depression inventory, and depression is linked to suicide among this group (Rotheram-Borus, 1993; Stiffman, 1989; Yoder, 1999). Neither constructs of trapped or helplessness were found in several major reviews into adolescent suicidality (Brent, 1995; Laederach, Fischer, Bowen, & Ladame, 1999). In the past decade, poor coping abilities/inability to cope have received substantial attention in the adolescent literature as a crucial step in the suicidal process (Sandin, Chorot, Santed, Valiente, & Joiner, 1998). Thus, feeling trapped/helpless may be a subjective experience underlying other constructs, such as coping failure, that are more frequently assessed in research on adolescent suicide. A major implication of the current study is the centrality of the construct of being/feeling trapped around which other, more typically examined, variables/categories are arrayed.

Hopelessness and loneliness have likewise been incorporated in studies on street youth suicide as a part of depression inventories (Rotheram-Borus, 1993; Stiffman, 1989; Yoder, 1999). Although hopelessness has been found to be the experience most consistently related to suicidality among adults (Weishaar, 2000), recent evidence has questioned its relationship with suicide in the adolescent population (Metha, Chen, Mulvenon, & Dode, 1998). This is of interest given that of the four themes found in the current study, hopelessness, as identified by the participants, arose with the least frequency. Loneliness is a feeling more typically linked to suicidality among adolescents (Laederach et al., 1999). The only central theme that has been isolated and linked with suicidality among street youth in previous research is worthlessness/low self-esteem (Yoder, 1999). Feelings of

low self-esteem/worthlessness have been consistently linked with suicide among adolescents and are regarded as a major risk factor for attempted and completed suicide (Metha et al., 1998).

The final point to be made about these four central themes is how they were manifested in the narratives of these youth. The four themes emerged as mediators between situations and suicidality. For example, most youth did not say that drug addiction led to suicidality. They stated that drug addiction left them feeling trapped and worthless, which, in turn, made them consider killing themselves. This supports the point that regression and correlational analyses directly linking variables such as drug addiction with suicidality may be glossing over important constructs. In addition, efforts should be made to determine what elements of the construct of depression are most tightly linked to suicidality (such as trapped/helplessness). The broad term *depression* is of questionable use in identifying suicidal youth given that the majority of street youth are depressed.

#### THE SITUATIONS AND PROBLEMS INVOLVED

Abuse and neglect arose in the participants' narratives as the causes of past and present suicidality. The link between such histories and suicide has been found previously (Molnar et al., 1998; Shissel, 1997). Moreover, previous research has found that a common psychosocial stressor for street youth is the death of significant person(s) (Feitel et al., 1992), as was the case for the participants of the current study. It does not appear, however, that any study on street youth suicide has identified this loss as a variable, though it would clearly add to the substantial amount of distress they already face.

Drug abuse and addiction emerged in this analysis as a major problem in the lives of street youth. Drug abuse was described as (a) a way of dealing with negative situations, (b) a major contributor to feelings of worthlessness and trapped feelings/situations, and (c) a means of self-destruction either gradually or at once via deliberate overdose. Research has revealed that street youth have a far greater incidence of drug abuse than the mainstream adolescent population (Feitel et al., 1992; McCarthy & Hagan, 1992), and the sociocultural environment of the street is thought to promote substance abuse (Baron, 1999). Drug abuse has also been linked to depression and suicidal behavior

among street youth (Molnar et al., 1998; Rotheram-Borus, 1993; Stiffman, 1989) and has been found to amplify the effects of childhood abuse and depression (Whitbeck et al., 1999). Finally, overdosing appears to be the most frequent method of suicide attempt in this group (Molnar et al., 1998; Stiffman, 1989). The idea that drug abuse is a toboggan-ride process akin to a slow suicide is one that has not yet been addressed for street youth. In the general literature, however, a strong relationship has been found between substance abuse and suicidality, and it is thought that there is a dimension of suicidal intent lying behind overdoses (Mino, Bousquet, & Broers, 1999; Neale, 2000; Rossow & Lauritzen, 1999).

The experience of social stigma emerged as related to the participants' experiences with suicide. The narratives described feelings of being trapped and worthless stemming from experiences ranging from violent exchanges with the police to difficulties finding an apartment. Out of a total of 57 studies on street youth conducted in the past 15 years, only one (Shissel, 1997) identified stigma as a variable. No one appears to have examined social stigma in relation to suicidality.

Trauma because of abuse histories, deaths of friends and loved ones, victimization, and prostitution emerged in these narratives as related to suicidality. Whitbeck et al. (2000) proposed a trauma model to describe the effects of homelessness and found that street victimization was their strongest predictor of depressive symptoms, substance abuse, and conduct problems. They proposed that the effects of victimization on the street were exacerbated by the difficulty of coping with previous prestreet victimization. These findings are consistent with the high rates of post-traumatic stress disorder (PTSD) among street youth (Feitel et al., 1992). Trauma has not been directly linked to street youth suicide, though three key elements of trauma and suicide from the general literature point to a greatly increased risk (see Adams & Lehnert, 1997 for a review of the literature on suicide and trauma). The first is the severity and number of traumatic events (high among street youth). The second is the recovery environment (poor in the case of street youth where social support is questionable and there is continued risk of further traumatization). The third factor is the individual (many street youth already have mental health problems and histories of earlier victimization).

### SUICIDE

Of the participants, 46% reported having attempted suicide at least once. The attempt rate for young women was 58% and for young men 39%. These attempt rates are consistent with the higher suicide attempt rate findings of previous studies (Adlaf, Zdanowicz, & Smart, 1996; Mundy et al., 1990; Smart & Walsh, 1993). Giving up, which emerged as an important component of suicide in the participants' experiences, has not been commented on previously. Much has been written, however, about the many dangers of street life in terms of self-destructive behavior and victimization (for review see Whitbeck et al., 2000). Thus giving up is, in that context, very self-destructive and is essentially suicide.

That 23 participants reported having the painful experience of losing someone close to them to suicide speaks to a major problem in their social environment and has serious mental health implications. It has been previously noted that high numbers of street youth report suicide attempts among family and friends (Stiffman, 1989), and having a friend who had attempted suicide has been found to be a risk factor for suicidality (Yoder, 1999). This exposure to suicide could contribute to the internalization of the model of suicide in response to distress, a part of the phenomenon of suicide imitation to which adolescents and young adults are particularly vulnerable (Grossman & Kruesi, 2000).

### IMPLICATIONS FOR INTERVENTION

*Working with homeless youth.* The current study as well as previous work point to the importance of assessing suicidality when working with these young people. Rates of suicidality are high enough that its presence should be assumed until ruled out, and re-evaluated on a regular basis. In addition, suicidality may not be expressed in traditionally understood forms but may be occurring as a part of a slow suicide or giving up formed of frequent overdosing and the outcomes of other risky behaviors. In terms of clinical intervention, the findings of this work suggest that there are three interacting dimensions that should be points of focus. First, the central themes may be red flags or indicators of suicidality and distress. Although almost all homeless youth report

some combination of early abusive experiences, stigma, drug abuse, and other risk factors, the narratives in the current study suggest that high risk is present when these experiences are leaving the youth with strong feelings of being trapped (and/or hopeless, worthless, and lonely). Working with and monitoring these experiences would likely add to the effectiveness of interventions. The second dimension within which intervention would be beneficial is formed by the various experiences that the youth described as leading into the central themes. These experiences include abusive pasts, drug abuse and addiction, experiences of stigma, and trauma. Attenuating or reversing the catalytic process through which the elements of these first two dimensions interact would likely reduce the toboggan ride aspect of suicidality described by many of the participants. The third dimension lies in determining how much exposure the youth have had to suicide as a response to distress and the ways in which they have internalized the idea of suicide. Work would then focus on replacing suicidality with other ways of coping/potential solutions. For a more detailed discussion of interventions with homeless youth and their coping strategies please see Kidd (2003).

*Working with society.* Although a part of the current study sheds some light on the form that distress takes in the minds of youth who are homeless and has implications for how to help these youth, this work also provides some insight into how they experience society. Many of their stories describe an intense process of social exclusion/stigmatization expressed at levels that range from pedestrian to federal institution. These stories suggest that our narratives regarding homeless youth must change if we hope to reduce the ongoing distress and denied opportunities faced by these young people. Through a critical examination of the larger social processes that are involved in the youth homelessness phenomenon, several points of intervention become evident. These might include (a) identifying sociocultural factors that influence child abuse and neglect and initiating interventions that target larger social processes in concert with individual/family intervention; (b) through various public forums (media and legislative), recognizing aspects of social responsibility for these youths' situations and making efforts to break apart stereotypes, such as the lazy and immoral prostitute and drug addict; (c) opening doors and creat-

ing opportunities for these youth to help themselves and allow society to benefit from the inclusion of their considerable insight and range of strengths.

### CONCLUSIONS

In parallel with the increasing recognition of cultural difference within our own backyards or in the borderlands of mainstream culture (Kral, 1998; Rosaldo, 1989) there needs to occur a critical examination of how constructs developed within mainstream culture may or may not apply to groups such as street youth. Even though most street youth have been born into and constantly exposed to North American culture, the differences of their experiences are substantial enough to suggest that they may have and use different meaning systems. The current study supports the above suggestion with its finding of the centrality of the trapped experience to suicide along with worthlessness, loneliness, and hopelessness as mediators between life events and suicidal thoughts and actions. This may prove to be the cultural model/schema for suicide prevalent among street youth and embedded in the street context with its social stigma, drug abuse, and trauma. By talking to these young people about their experiences, I feel that I have gained a much better understanding of what suicide means in their lives and on the streets. This kind of understanding would not be possible via examination of a regression in which a depression inventory score predicts a dichotomous response to a question about suicide attempts.

Finally, the current study points to a need to examine the broader social processes involved in suicide among homeless youth that have yet to be adequately addressed. If the current study is any indication, social stigma and oppression are major contributing factors to the poor physical and mental health of these young people. Using research to help with the development of social policy that will move toward correcting the destructive stereotypes and legislation present in mainstream culture may play a significant role in reducing the suffering and deaths among these young people.

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